



ARIZONA DEPARTMENT OF PUBLIC SAFETY  
STUDENT TRANSPORTATION

Mail Drop No. 1250 ■ P. O. Box 6638

Phoenix, AZ 85005-6638

Phone: 602-223-2646 ■ FAX: 602-223-2923

**SCHOOL BUS DRIVER COVER SHEET**

**INSTRUCTIONS:** This **MUST** be completed in full and submitted by employer.  
Please check one of the following:

☐ **NEW DRIVER APPLICANT**

☐ **CERTIFIED DRIVER**

☐ **TRANSFER**

(effective date) \_\_\_\_\_

☐ **REHIRE**

(effective date) \_\_\_\_\_

☐ **CDL REACTIVATION**

☐ **RESIGNED / TERMINATED**

(effective date) \_\_\_\_\_

**DRIVER or APPLICANT NAME** \_\_\_\_\_

*Print full name as it appears on driver's license*

**DISTRICT/EMPLOYER** \_\_\_\_\_

**DISTRICT/EMPLOYER NUMBER** \_\_\_\_\_

**TRANSPORTATION DEPT. PHONE NO.** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**COUNTY** \_\_\_\_\_

**CURRENT SCHOOL BUS DRIVER NUMBER** \_\_\_\_\_  
(if applicable)

Web Site: [www.azdps.gov/studenttransportation](http://www.azdps.gov/studenttransportation) E-Mail Address: [schoolbus@azdps.gov](mailto:schoolbus@azdps.gov)